

No. 2
4-13-40
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State File No. _____

FORM APR 11 1941
Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 60

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles

(c) Name of hospital or institution:
1105 on Fifth St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 7 years years, months or days)

3. (a) PRINT FULL NAME Joseph Messmann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rals 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 11 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>9</u>	hr. _____ min.

9. Birthplace Westphalia Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Shoemaker

11. Industry or business _____

MOTHER FATHER { 12. Name Theodore Messmann

13. Birthplace Westphalia Germany
(City, town, or county) (State or foreign country)

14. Maiden name Theresia Kueschulte

15. Birthplace Westphalia Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. P. Dallmeyer

(b) Address 1105 on Fifth - St. Charles, Mo.

17. (a) Burial (b) Date thereof March 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Cem. Postage

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 800 on Second, St. Charles, Mo.

19. (a) 3-27-41 (b) Clarence G. Messer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Postage Des Livres
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1941 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from
December 3 1940 to March 20 1941;
that I last saw him alive on March 20 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial infarct 1

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration
<u>3 mos.</u>
<u>5 yrs.</u>

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1-79 _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature George E. Kish (M. D. or other) Dr. J. M. A.
Address St. Charles, Mo. Date signed 3/21/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.